

BUSINESS DECLARATION

- 1 Name of Firm: _____ Tax Identification No.: _____
- 2 Address of Firm: _____ DUNS No.: _____
- 3 a. Telephone Number of Firm: _____ b. Fax Number of Firm: _____
- 4 a. Name of Person Making Declaration _____
- b. Telephone Number of Person Making Declaration _____
- c. Position Held in the Company _____
- 5 Controlling Interest in Company (*"X" all appropriate boxes*)
- ☐ a. Black American ☐ b. Hispanic American ☐ c. Native American ☐ d. Asian American
- ☐ e. Other Minority (*Specify*) _____ ☐ f. Other (*Specify*) _____
- ☐ g. Female ☐ h. Male ☐ i. 8(a) Certified (*Certification letter attached*) ☐ j. Service Disabled Veteran Small Business
- 6 Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?
- ☐ a. Yes ☐ b. No (*If "NO," provide the name and telephone number of the person who has this authority.*) _____
- 7 Nature of Business (*Specify all services/products (NAIC)*) _____
- 8 (a) Years the firm has been in business _____ (b) No. of Employees _____
- 9 Type of Ownership: ☐ a. Sole Ownership ☐ b. Partnership
- ☐ c. Other (*Explain*) _____
- 10 Gross receipts of the firm for the last three years:
- | | | | |
|-------------------------|---------------------------|-------------------------|---------------------------|
| a.2. Year Ending: _____ | b.2. Gross Receipts _____ | a.1. Year Ending: _____ | b.1. Gross Receipts _____ |
| a.3. Year Ending: _____ | b.3. Gross Receipts _____ | a.3. Year Ending: _____ | b.3. Gross Receipts _____ |
- 11 Is the firm a small business? ☐ a. Yes ☐ b. No
- 12 Is the firm a service disabled veteran owned small business? ☐ a. Yes ☐ b. No
- 13 Is the firm a socially and economically disadvantaged small business? ☐ a. Yes ☐ b. No

***I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING _____
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM
AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 USCS 1001.***

14. a. Signature _____ b. Date: _____
- c. Typed Name _____ d. Title: _____

Delphi Vendor Entry Worksheet**** Bold/Yellow indicates required fields ******NAME:** _____ **PHONE:** _____ **DATE:** _____**E-MAIL ADDRESS:** _____**COMPANY CLASSIFICATION:** ☐ Small ☐ Large ☐ Disadvantage ☐ Women-Owned**SUPPLIER NAME:** _____ ☐ New ☒ Modifying**TAXPAYER ID:** See: CCR **DUNS or DUNS + 4 NO.** _____**CLASSIFICATION/TYPE:** ☐ No Cost Lease/Award ☒ Vendor ☐ Federal Agency**FEDERAL AGENCY LOCATION CODE (ALC):** _____ * For New Agencies**GENERAL:** Parent Supplier Name: _____

Tax ID Number: _____

ORGANIZATION TYPE: ☐ Corporation ☐ Government Agency
☐ Individual ☐ Partnership
☐ Foreign Corp / Govt Agency / Indiv / Partner
☐ Reimbursable Non-Govt (Supplier/Grant Sponsor/State & Local Govt)**CCR: VENDOR IS REGISTERED:** ☒ Yes ☐ No**SUPPLIER SITES:** (Additional sites or additional Tax Reporting Address forward as attachment)☐ New ☐ Adding Site ☐ Modifying Site**Supplier Number:****Country:** United States**Other:** _____**Address** _____

_____**City:** _____**State:** _____**County:** _____**Zip Code:** _____**PAYMENT:** Payment Method: **Electronic** ☒ **Check** ☐ (Waiver Required)**TELEPHONE NUMBERS:****Purchasing Site** ☐ **Pay Site** ☐ **Primary** ☐

Voice (Area Code & Number) _____ - ____ - ____

Fax (Area Code & Number) _____ - ____ - ____

Note: Provide this information only if obtained at Contract award.

SUPPLIER CONTACTS:1. Last Name: _____ First: _____ MI _____
Title: _____ Telephone: _____ - ____ - ____2. Last Name: _____ First: _____ MI _____
Title: _____ Telephone: _____ - ____ - ____**BANK:****Bank Name:** _____**See: CCR** _____**Account Name:** _____**Bank ABA Routing No:** _____**Account Number:** _____**Account Type****Checking** ☐**Savings** ☐

The Office of Personnel Management (OPM) has mandated that all initial and re-investigation requests received after January 1, 2009 must be processed electronically through the eQip (Electronic Questionnaires for Investigation Processing) System. To enable the FAA to meet the OPM mandate, changes have been made to the current way we process contractor security investigations (procedure attached). This means that after January 1, 2009, paper "Questionnaires for Public Trust Positions" (SF-85P) forms **will no longer be accepted**. All contract applicants applying to work at an FAA facility will be required to submit his/her SF-85P electronically.

FAA has developed the Vendor Application Procedures (VAP) to enable contract companies to submit initial information electronically for new contract applicants (instructions attached). Information provided through the VAP will eliminate the need for the paper transmittal letter currently submitted with paper packages. Upon receipt of VAP information, an FAA Personnel Security Specialist (PSS) will conduct the appropriate security checks and, if required, will initiate the contractor applicant into the eQIP system. The contract applicant will receive an email with instructions for completing the electronic security form as well instructions where to mail the signature pages and fingerprint cards. The contract company and the FAA Contracting Official (CO, COTR, COR, LMS/etc.) will continue to receive "Interim Suitability" notification from the PSS via email when the applicant can begin work.

Contract companies will need to designate a minimum of two contacts to enter data in VAP. Larger companies may designate up to five contacts. In order to have access to VAP, you will need to provide, via email, the name, phone number, email address, and the last four of the designated contacts social security to **The Servicing Security Element**. Once established, the Web ID and password will be forwarded to the contact.

If you have any questions regarding this new process, please feel free to contact Alease Brooks (404) 305-6794, Janene Jones (404)-305-6755 or Cynthia Floyd (404)-305-6877.

VENDOR APPLICATION PROCESS INSTRUCTIONS FOR CONTRACT COMPANIES

Access to the Vendor Application Process, VAP, will be granted to contract companies by FAA Personnel Security. Companies will be required to provide a minimum of two people to become VAP users. A request from a company must contain the following information:

1. Name
2. Phone Number
3. E-Mail Address
4. Last 4 of Social Security Number

Request must be sent to the proper area of responsibility for the contract. Contact the Regional Servicing Security Element for the VAP Administrators.

When access is granted to a company user they will be issued a WebID and Password through their listed e-mail. Vendors can then proceed to the website and use the online service.

When using the system, vendors will first need to log in to the system using their WebID and Password. The URL for the site is: <https://vap.faa.gov>. Once logged in successfully, the user will have the ability to:

1. Request to add new contractor to a specific contract
2. Request to remove an active contractor from a specific contract
3. Request to obtain a list of active contractors on a specific contract for reconciliation

ADD CONTRACTOR

The **Add Contractor** has several fields to fill in on the ADD option screen. Most fields are mandatory. It is critical that the data is entered correctly. It is also very important for the vendor to get the email address correct because an email will be sent to the applicant by a Personnel Security Specialist (PSS) if the applicant must complete eQIP. Once all the data is entered, click the Submit button to prepare data to be sent to our Investigative Tracking System (ITS).

[Remove Contractor](#) [Request Report](#) [Logout](#)

Vendor Entry

Preliminary Approval Request Form

Company Name: FAA

Contract Number*: - - - (Ex. DTFAWA-08-X-00001)

FAA Region: (Select)

First Name*:

Middle Name:

Last Name*:

Suffix:

SSN*: - -

Date of Birth*: / /  (MM/DD/YYYY Format)

Place of Birth - Country*: UNITED STATES

Place of Birth - City*:

Place of Birth - State*: (Select)

Email Address*:
(If applicant has no personal e-mail address, enter company e-mail address)

Position:

Duty City:

Duty State: (Select)

Remarks:

Has the company initiated e-Qip? ☐ Yes ☒ No

Note: * Indicates Mandatory Fields

REMOVE CONTRACTOR

The **Remove Contractor** process is a way for the vendors to inform the PSS of those contractors no longer on a specific FAA contract. The removal request form is pretty simple to fill in, again with most fields mandatory. Of course, the key is the contract number and the SSN as it is crucial that these fields are correct.

Add Contractor Request Report Logout
Remove Entry

Removal Request Form

Company Name: FAA

Contract Number*: - - - (Ex. DTFAWA-08-X-00001)

First Name*:

Middle Initial:

Last Name*:

Suffix:

SSN*: - -

Note: * Indicates Mandatory Fields

REQUEST REPORT

The **Request Report** option is the easiest function of this application. The vendor just needs to enter the contract number and a report will be e-mailed to the vendor. The purpose is that the vendors will reconcile their list of employees with the report.

LOGOUT

To **Logout** of the system just choose the Logout option. Then you will be prompted to choose the Close Window Button to successfully closeout the screen.

If you have questions or a problem occurs with VAP please contact one of the listed administrators.

Attachment: List of Administrators

Southern Region Contacts:

Alease Brooks	(404) 305-6794	alease.brooks@faa.gov
Cynthia Floyd	(404) 305-6877	cynthia.floyd@faa.gov
Janene Jones	(404) 305-6755	janene.hamilton@faa.gov